

PERMITTEE NAME/ADDRESS:

NAME: ANCHORAGE, MUNICIPALITY OF
ADDRESS: 3000 ARCTIC BLVD.
ANCHORAGE AK 99503-3898

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AK0022551	001 A
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004

MAJOR
(SUBR 02)
F - FINAL

FACILITY: JOHN M. ASPLUND WWTF—301 (H)
LOCATION: ANCHORAGE, AK 99502
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD	
FROM 06 08 01	TO 06 08 31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	15.6	(04)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	15.9	(04)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/WEEK	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	1.4	*****	*****	(19)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO MIN	*****	*****	MG/L		FOUR/WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	58311	*****	(26)	*****	229	*****	(19)	N/A	FOUR/WEEK	COMP24
	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DY	*****	REPORT MO AVG	*****	MG/L		FOUR/WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	44986	(26)	*****	*****	196	(19)	0	FOUR/WEEK	COMP24
	PERMIT REQUIREMENT	*****	90100 DAILY MX	LBS/DY	*****	*****	300 DAILY MX	MG/L		FOUR/WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	35640	39748	(26)	*****	139	169	(19)	0	FOUR/WEEK	COMP24
	PERMIT REQUIREMENT	72100 MO AVG	75100 WKLY AVG	LBS/DY	*****	240 MO AVG	250 WKLY AVG	MG/L		FOUR/WEEK	COMP 24
PH 00400 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	6.8	*****	7.4	(12)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		FOUR/WEEK	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)
Craig Woolard Director, Treatment Division	
TYPED OR PRINTED	

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
	(907)564-2799	06/09/08
	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The final effluent autosampler is normally taken off line on Saturdays, Mondays, and Wednesdays for line cleaning for approximately 1.5 hours each time; the composite samples for BODs, TSS, etc. are therefore slightly less than a 24HC on these days.

Form by WindowChem(707)884-0845; print 1090; v5.01; 4/1/98. Rev. 1/05, BY

PERMITTEE NAME/ADDRESS:

NAME: ANCHORAGE, MUNICIPALITY OF
ADDRESS: 3000 ARCTIC BLVD.
ANCHORAGE AK 99503

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AK0022551	001 A
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004

MAJOR
(SUBR 02)
F - FINAL

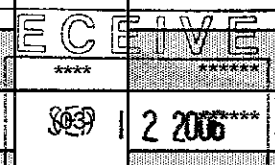
FACILITY: JOHN M. ASPLUND WWTF—301 (H)
LOCATION: ANCHORAGE, AK 99502
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD	
FROM 06 08 01	TO 06 08 31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
PH	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	7.2	(12)	0	FOUR/WEEK	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		FOUR/WEEK	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	61193	*****	(26)	*****	242	*****	(19)	N/A	FOUR/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DAY	*****	REPORT MO AVG	*****	MG/L		FOUR/WEEK	COMP24
00530 G 0 0	SAMPLE MEASUREMENT	*****	21015	(26)	*****	*****	72	(19)	0	FOUR/WEEK	COMP24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	57000 DAILY MX	LBS/DAY	*****	*****	190 DAILY MX	MG/L		FOUR/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	14444	17897	(26)	*****	56	61	(19)	0	FOUR/WEEK	COMP24
00530 W 0 0	PERMIT REQUIREMENT	57000 MO AVG	54000 WKLY AVG	LBS/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/WEEK	COMP24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	19.4	*****	(19)	N/A	ONCE/MONTH	COMP24
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L	N/A	ONCE/MONTH	COMP24
00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	42	*****	(30)	0	THREE/WEEK	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	850 MO GEO	*****	MPN/100ML		THREE/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	31.719	*****	MGD	*****	*****	*****	****	N/A	CONTINUOUS	RCORDR
00610 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	*****	*****	*****	*****	****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		*****	*****
FECAL COLIFORM, MPN, EC MED, 44.5C	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		*****	*****
31615 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		*****	*****
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		*****	*****
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		*****	*****
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		*****	*****
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		*****	*****
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		*****	*****



Craig Woolard Director, Treatment Division TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	Mark Sparo <i>acting for</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (907)564-2799	DATE 06/09/08
			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 BOD and TSS composite samples were not a full 24 hour composite on 8/23/06 - power outage shut off autosamplers from 0120 - 0500.

PERMITTEE NAME/ADDRESS:

NAME: ANCHORAGE, MUNICIPALITY OF
ADDRESS: 3000 ARCTIC BLVD.
ANCHORAGE AK 99503

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AK0022551	001 A
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004

MAJOR
(SUBR 02)
F - FINAL

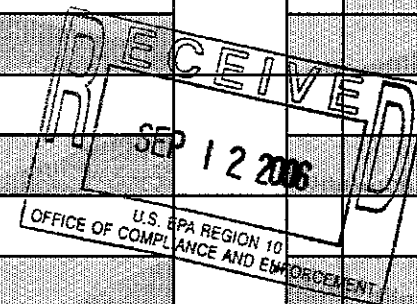
FACILITY: JOHN M. ASPLUND WWTF---301 (H)
LOCATION: ANCHORAGE, AK 99502
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD		
FROM	06 08 01	TO 06 08 31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.9	(19)	0	EVERY 3 HRS	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	39	*****	*****	(23)	N/A	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER-CENT	N/A	ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	77	*****	*****	(23)	N/A	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER-CENT	N/A	ONCE/MONTH	CALCTD



NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE
Craig Woolard Director, Treatment Division		(907)564-2799	06/09/08
TYPED OR PRINTED		AREA CODE NUMBER	YEAR MO DAY

Mark Spano acting for
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Forms by WindowChem(707)864-0845;p/n11080;v5.01;4/1/98. Rev. 1/05, B

1) Power outage shut off final effluent sample line - no chlorine residual tested between 2400 on 8/22/06 and 0515 on 8/23/06 - gap of 5.25 hours exceeds permit frequency of once every four hours.